



HARPER COUNTY

REQUEST FOR COUNTY BOARD ACTION

Items must be received in the Administrator's Office by 12:00 Noon on the Thursday prior to the scheduled meeting to be considered.

Item #: _____

(Assigned by Administrator)

Meeting Date: 10/19/2020

Department: Health

Item Requested: Department Updates and Inordinate Spending Authorizations

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- Department Updates – COVID-19
 - Inordinate Spending Authorizations for Vaccines and KIPHS

Inordinate Spending Authorization
(For items above spending limits but within budgets.)

Department: Health

Date: 10/19/2020

Requestor: Heather Struble, Administrator

Item description: KIPHS

Cost Per Item: \$3,199.30 Quantity: 1 Extended Cost: \$3,199.30

Item description: _____

Cost Per Item: _____ Quantity: _____ Extended Cost: \$0.00

Item description: _____

Cost Per Item: _____ Quantity: _____ Extended Cost: \$0.00

Item description: _____

Cost Per Item: _____ Quantity: _____ Extended Cost: \$0.00

Related expenses (eg. Shipping & Handling): _____

Total Requested Spending: \$3,199.30

Budget Account(s):	Fund	Dept	Object	Amount
	008	/ 24	/ 301067	\$ 1,699.30
	008	/ 26	/ 301067	\$ 1,500.00
		/	/	
		/	/	
Total budget lines:				<u>\$ 3,199.30</u>

Project description/justification:

PH Clinic Annual Maintenance Fee for 2021

Attach required quotes and additional documentation as needed.

Approved Date: _____

BoCC Signature: _____

KIPHS, Inc.
PO BOX 782083
Wichita, KS 67278 US
(316)682-0900
support@kiphs.com
http://www.kiphs.com

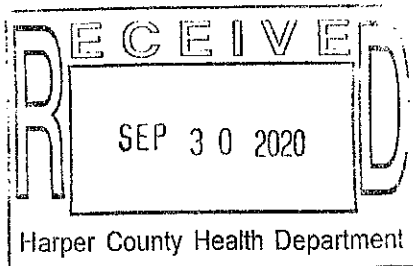
Invoice



BILL TO
Heather Struble
Harper County Health Department
123 N Jennings
Anthony, KS 67003

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
7227	10/01/2020	\$3,199.30	02/01/2021	Feb 1	

DESCRIPTION	QTY	RATE	AMOUNT
Kansas PHClinic Annual Maintenance Fee	1	3,199.30	3,199.30
For 2021 Calendar Year: User Licenses, Upgrades and Help Desk			
	BALANCE DUE		\$3,199.30





Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department: Health

Date: 10/19/2020

Requestor: Heather Struble

Item description: ProQuad (MMRV) Vaccine

Cost Per Item: \$221.93 Quantity: 10 Extended Cost: \$2,219.30

Item description: _____

Cost Per Item: _____ Quantity: _____ Extended Cost: \$0.00

Item description: _____

Cost Per Item: _____ Quantity: _____ Extended Cost: \$0.00

Item description: _____

Cost Per Item: _____ Quantity: _____ Extended Cost: \$0.00

Related expenses (eg. Shipping & Handling): 30

Total Requested Spending: \$2,249.30

Budget Account(s):	Fund	Dept	Object	Amount
	008	/ 24	/ 306237	\$ 2,249.30
		/	/	
		/	/	
		/	/	
Total budget lines:				<u>\$ 2,249.30</u>

Project description/justification:

Estimate of vaccine needs for immunizations. Will only order as needed to reduce potential for vaccine wastage.

Attach required quotes and additional documentation as needed.

Approved Date: _____

BoCC Signature: _____



Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department: Health

Date: 10/19/2020

Requestor: Heather Struble

Item description: Shingrix Vaccine

Cost Per Item: \$151.26 Quantity: 10 Extended Cost: \$1,512.60

Item description:

Cost Per Item: Quantity: Extended Cost: \$0.00

Item description:

Cost Per Item: Quantity: Extended Cost: \$0.00

Item description:

Cost Per Item: Quantity: Extended Cost: \$0.00

Related expenses (eg. Shipping & Handling):

Total Requested Spending: \$1,512.60

Budget Account(s):	Fund		Dept		Object	Amount
	008	/	24	/	306237	\$ 1,512.60
		/		/		
		/		/		
		/		/		
Total budget lines:						\$ 1,512.60

Project description/justification:

Estimate of vaccine needs for immunizations. Will only order as needed to reduce potential for vaccine wastage.

Attach required quotes and additional documentation as needed.

Approved Date: _____

BoCC Signature: _____

Inordinate Spending Authorization

(For items above spending limits but within budgets.)

Department: Health

Date: 10/19/2020

Requestor: Heather Struble

Item description:

Cost Per Item: \$49.77 Quantity: 100 Extended Cost: \$4,977.00

Item description:

Cost Per Item: Quantity: Extended Cost: \$0.00

Item description:

Cost Per Item: Quantity: Extended Cost: \$0.00

Item description:

Cost Per Item: Quantity: Extended Cost: \$0.00

Related expenses (eg. Shipping & Handling): 75

Total Requested Spending: \$5,052.00

Budget Account(s):	Fund	Dept	Object	Amount
	008 /	24 /	306235	\$ 5,052.00
	/	/		
	/	/		
	/	/		
Total budget lines:				\$ 5,052.00

Project description/justification:

Additional doses of Fluzone High Dose for the current flu season. We are on a waitlist with this order and can choose to confirm or cancel before it ships. We have gone through this presentation of vaccine very quickly this year.

Attach required quotes and additional documentation as needed.

Approved Date:

BoCC Signature: